

Candidate Intention Statement

FILED

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

AUG 05 2020

KATHLEEN WILLIAMS,
[REDACTED]

BY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Joleen R. Cline

DAYTIME TELEPHONE NUMBER

(530) 832-0133

FAX NUMBER (optional)

(530) 831-4083

EMAIL (optional)

joleen@clineandassociates.net

STREET ADDRESS

CITY

Portola

STATE

CA

ZIP CODE

96122

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

Trustee Area 1 Plumas Unified school Dist

1

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

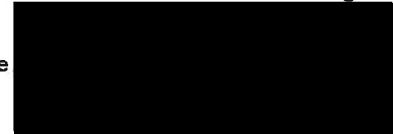
On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 5, 2020
(month, day, year)

Signature



Officeholder and Candidate
Campaign Statement -
Short Form

FILED
Date Stamp

CALIFORNIA
FORM

470

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Date of election if applicable:
(Month, Day, Year)

Nov 3, 2020

Amendment (Explain Below)

AUG 05 2020

KATHLEEN WILLIAMS,

BY

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Joleen Cline

STREET ADDRESS

[REDACTED]

CITY

Portola

STATE

CA 96122

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

(530) 832-0733

OPTIONAL: FAX / E-MAIL ADDRESS

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

No Committee

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

August 5, 2020

DATE

By

OR CANDIDATE

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